New Service Area

1. Name of Company: _______________________________________________________

2. Name of Network submitted: ______________________________________________

3. Type of Network: ____________HMO____________POS ____________PPO

4. Indicate every Kentucky county you intend to market this product in (service area):
__________________________________________________________________________
__________________________________________________________________________

5. Will this network be used on the exchange? ____________Yes ____________No

6. Under what name(s) do you intend to market this network?
__________________________________________________________________________

7. Intended market type(s) (place check mark before each appropriate item):

__________Individual Market

__________Small Group

__________Large Groups

__________Individual Associations

__________Group Associations

__________Employer Organized Association Group

8. Name and phone number of individual to contact if problems are encountered with submitted files:

____________________ ______________________ ______________________
(Please Print Name) (E-Mail Address) (Phone Number)

9. ______________________
(Signature of individual completing this form)

For EACH network you must submit:
(1) One Access database file;
(2) This form completed in its entirety.